

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4170-63-017662
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED APR 23 1963

1. PLACE OF DEATH a. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		b. COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp.		Length of stay in 1b Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 3539 Bingham		If outside, give location Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3539 Bingham		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ESTHER GOLLY			4. DATE OF DEATH 4/14/63		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/77	9. AGE (last birthday) 85 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at law			10b. KIND OF BUSINESS OR INDUSTRY Legal		
11. BIRTHPLACE (City and state or country) Memphis, Tenn.			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Albert L. Golly			13b. MOTHER'S MAIDEN NAME Monica F. Paulin		
14. NAME OF HUSBAND OR WIFE Audrey Truesdail			Address 3922 S. Compton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 450-0		
17. INFORMANT Audrey Truesdail			Address 3922 S. Compton		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) Arteriosclerosis & Pulmonary DUE TO (c) Arteriosclerosis & Pulmonary		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 450-0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 450-0	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Calvary	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.
21. I attended the deceased from Dec 1950 to April 14, 63 and last saw her alive on April 14, 1963 Death occurred at 2 PM on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE Monica F. Golly	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/63	23c. NAME OF CEMETERY OR CREMATORY Calvary
24. FUNERAL DIRECTOR E.J. Schnur		25. DATE RECD. BY LOCAL REG. APR 15 1963	
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		27. DATE SIGNED 4-15-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.